

## Thames Valley and Surrey LCHR Programme Board paper

<b>Date of Meeting: 19.05.20</b>	<b>Paper No: 05</b>
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Title of Paper: Programme scope: potential developments
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<b>Paper is for:</b>	Discussion	✓	Decision		Information	
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**Purpose and Executive Summary:**  
 In addition to the agreed priorities in scope for the programme (see paper 04), a number of option potential developments have been identified recently and are outlined in this paper.

- Inclusion of Bedfordshire, Luton and Milton Keynes (BLMK) GP data in the TVS platform.
- Links with MOD Cortisone records-sharing programme
- Links with London HIEs (Cerner Health Information Exchanges)
- Thames Valley Cancer network.
- Other clinical use-case developments, eg High Intensity users of A&E services, Thrombectomy pathway (via HCP group and lay-members) – verbal update.

**Engagement:** clinical, stakeholder and public/patient:  
 Design Authority input at 5/5 meeting

**Action Required:**  
 Board are asked to given an indication of the degree of priority to apply to exploring / progressing these development options and whether any should have an immediate go-ahead decision.

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**Date of paper:** 13.05.20

**Financial Implications of Paper:**  
 Potential scope of financial implications are identified for each development in the paper.

<b>Conflicts of Interest</b>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

<b>Publication status</b> – default position is for Board papers to be published on the TVS website. <b>Note exceptions and reasons below.</b>	
<b>Tick if <u>Not</u> for publication:</b>	
<b>Reason:</b>	

# Introduction



- Topics:
  - Bedfordshire, Luton and Milton Keynes (BLMK)
  - MOD Cortisone
  - Links with London HIEs (Cerner Health Information Exchanges)
  - Thames Valley Cancer network.
- Issues outlined:
  - summary of proposed change
  - Benefits and use-cases supported & how it aligns with objectives of the TVS programme
  - Data flows and organisations involved
  - IG implications
  - Cost implications - TVS programme and / or local partners
  - Who would need to approve (in and outside of TVS)
  - Proposed timing and prioritisation.

# BLMK: scope

<b>Summary of proposed development</b>	Bedfordshire, Luton and Milton Keynes (BLMK) CCGs want to share GP data with TVS LHCR and access TVS LHCR dashboards for COVID-19. Persisted GP data into TVS, access to TVS data by BLMK GP practices.
<b>Benefits and use-cases supported / how this support TVS goals</b>	COVID-19 dashboards from a richer dataset. Address incongruity that MK Care system is only the Acute Trust Significant cross border patient flows especially for Oxfordshire and Buckinghamshire would be supported by GP data.
<b>Data flows and organisations involved</b>	All BLMK GP practices, single reporting feed from TPP into TVS. SSO access from GP practice to TVS (enforcing legitimate relationships to just patients in that practice). Note BLMK GPs are also planning to persist data in their local LHCR programme.

# BLMK: implications / next steps

<b>IG implications</b>	Practices / CCG to expand local ISA and meet TVS Qualifying Standard. Update to TVS DPIA. Effectively extends TVS borders as opposed to sharing outside of TVS.
<b>Cost implications - TVS programme and / or local partners</b>	No additional supplier cost Small resource implication (SDRS feed required, IG work required)
<b>Who would need to approve (in and outside of TVS)</b>	TVS DA already endorsed, TVS Board to approve then BLMK CCG boards to approve.
<b>Proposed timing and prioritisation</b>	Immediate action, but not prioritised above Release 2.0 go-live

# MOD Cortisone: scope

<b>Summary of proposed development</b>	<p>“MoD Cortisone” is the Defence Medical Services (DMS) shared care record programme. TVS have been approached to explore how Cortisone could integrate with the LHCRs recognising the complexity of the data and the mobility of personnel.</p>
<b>Benefits and use-cases supported / how this support TVS goals</b>	<p>Significant MoD presence in TVS Geography Service personnel present at TVS provider organisations but their data is not available. Cortisone does not currently receive updates from care outside of DMS.</p>
<b>Data flows and organisations involved</b>	<p>Cortisone to and from TVS LHCR (i.e. integrated with the LHCR)</p>

# MOD Cortisone: implications / next steps



<b>IG implications</b>	TVS IG LHCR IG agreement required (as not via a Care System) also applies to other data sources. Issues around protected or secured identities to be carefully considered.
<b>Cost implications - TVS programme and / or local partners</b>	Unknown for actual implementation. Short term exploratory work is opportunity costs within Architecture, Information Governance, Clinical Safety and PMO resources. Board approval is only sought to support the exploratory work.
<b>Who would need to approve (in and outside of TVS)</b>	Just TVS board approval to continue exploratory work. MoD approval to reach out to TVS already in place.
<b>Proposed timing and prioritisation</b>	No delay to starting the work but not high priority and not to impact Release 2.0 go live or resolution of integrating with each care system. Equal priority as LHCR-to-LHCR work as issues are broadly similar.

# Linking TVS with Cerner HIEs



<b>Summary of proposed development</b>	<p>Oxfordshire and MK use the Cerner HIE for direct care; Links are needed to ensure Oxfordshire patients treated in the LHCR have data that follows them and that non-Oxfordshire patient treated in Oxfordshire have LHCR data available.</p> <p>Discussions have commenced on a joint design with London to facilitate closer links to One-London LHCR hopefully in line with National Standards, but no agreement or decisions to link have been made.</p>
<b>Benefits and use-cases supported / how this support TVS goals</b>	<p>The Oxfordshire HIE link would support direct care across the LHCR with information following the patient; specific requests for this have been received from practices in boundary areas.</p> <p>If London links are agreed this would support the wider direct care agenda particularly in LHCR boundaries with London.</p>
<b>Data flows and organisations involved</b>	<p>The Oxford/MK links are in area, involving TVS partners; External links with London are part of the wider LHCR – LHCR agenda; dates and times for extending this are currently uncertain, but any joint design may be helpful.</p>

# Linking with Cerner HIEs: implications / next steps



<b>IG implications</b>	<p>Arrangements for sharing across the TVS for direct care are generally supported</p> <p>Any arrangements for wider sharing (for direct care) should be relatively simple but would require relevant changes to DPIAs and other documentation (nb DPIA3 covers sharing within TVS but not outside)</p>
<b>Cost implications - TVS programme and / or local partners</b>	<p>Costs will be determined when designs are agreed. In principle the costs for links to Oxford and MK should be covered as part of the LHCR programme; costs for any links externally (eg with London) will need to be identified and agreed</p>
<b>Who would need to approve (in and outside of TVS)</b>	<p>For the Oxford/MK/TVS LHCR links the agreements will be within the LHCR</p> <p>Any external (eg London) links will need to have relevant external agreement which will be facilitated by having a common design</p>
<b>Proposed timing and prioritisation</b>	<p>The board will need to agree the priorities but the links with Oxford/MK are part of the original scope and any external links will probably be determined and facilitated by having an agreed design and understanding of the complexity of mapping roles and ensuring relevant audit trails</p> <p>Currently problems with getting mutual supplier engagement</p>

# Thames Valley Cancer network



## TVCA want to commission

- A Common dashboard
- TVCA-wide Cancer longitudinal record

Cancer Longitudinal record builds on Cancer HIE Pilot using Oxford data

## Data is being requested from all providers:

- PAS bookings, cancellations, COSD, GP, Cancer Waits
- If possible diagnostic waits, SACT
- Data to be de-identified
- Support from Oxford University Big Data Institute and PA Consulting

Some details still being worked through before formal requests are issued

# Clinical use-cases

- a range of use cases have been identified by the Health and Care Professionals advisory group and via lay-member input – recommend a pipeline / prioritisation process to take forward in order to support use cases once the TVS platform is operational.
- Use-case proposals include:
  - Supporting care for high intensity users of ED services across borders
  - Thrombectomy pathway
  - Maternity
  - Suicide risk
  - Crisis care planning
  - Diabetes in maternity
  - Oncology / chemo alerts